

AF/GP 1764

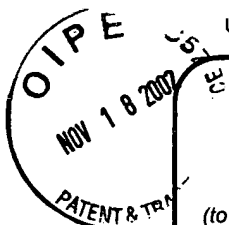
PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031




U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

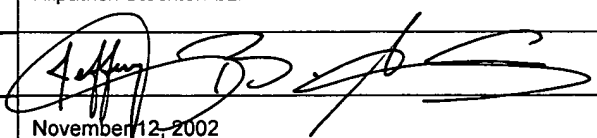
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

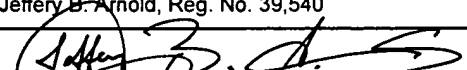


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	08/951,201	
	Filing Date	October 14, 1997	
	First Named Inventor	William M. Woodard	
	Group Art Unit	1764	
	Examiner Name	Doroshenk	
Total Number of Pages in This Submission	7	Attorney Docket Number	51757-0200 (51757-278937)

RECEIVED  
NOV 20 2002  
TC 1700

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  return postcard		
<table border="1"><tr><td>Remarks</td><td> <b>23370</b> PATENT TRADEMARK OFFICE</td></tr></table>			Remarks	 <b>23370</b> PATENT TRADEMARK OFFICE
Remarks	 <b>23370</b> PATENT TRADEMARK OFFICE			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kilpatrick Stockton LLP
Signature	
Date	November 12, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <span>November 12, 2002</span>			
Typed or printed name	Jeffery B. Arnold, Reg. No. 39,540		
Signature		Date	November 12, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.